

PREA AUDIT: AUDITOR'S FINAL REPORT

JUVENILE FACILITIES

NATIONAL
PREA
RESOURCE
CENTER



BJA
Bureau of Justice Assistance
U.S. Department of Justice

Name of facility:		Brazos County Juvenile Detention Center	
Physical address:		1904 Hwy 21 West, Bryan, Texas 77808	
Date report submitted:		JULY 25, 2016	
Auditor Information		Glen E. McKenzie, Jr. M.S.H.P.	
Email:		GlenEMcKenzieJr.LLC@austin.rr.com for PREA Audit Purposes Only	
Telephone number:		512-576-1800	
Date of facility visit:		July 18-20, 2016	
Facility Information: Brazos County Juvenile Detention Center			
Facility mailing address: <i>(if different from above)</i>			
Telephone number:		979-823-3544	
The facility is:	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> County	<input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
Facility Type:	<input checked="" type="checkbox"/> Detention	<input type="checkbox"/> Correction <input type="checkbox"/> Other – Residential Group Care Home	
Name of PREA Compliance Coordinator:		Sandra Calzada	Title: PREA Compliance Coordinator/Quality Assurance
Email address:		scalzada@brazoscountytexas.gov	Telephone number: 979-361-1847
Agency Information – Brazos County Juvenile Probation Department			
Name of agency:		Same as above	
Governing authority or parent agency: <i>(if applicable)</i>		Brazos County Government	
Physical address:		1904 Hwy 21 West, Bryan, Texas 77808	
Mailing address: <i>(if different from above)</i>			
Telephone number:		979-823-3544	
Agency Chief Executive Officer			
Name: Doug Vance, Ph.D.		Title:	Executive Director
Email address:		Telephone number:	979-361-1802

Agency-Wide PREA Coordinator		
N/A	Title:	
Email address:	Telephone number:	

AUDIT FINDINGS

NARRATIVE:

The PREA audit took place July 19-20, 2016 in Bryan, Texas. The facility has a rated capacity 48 residents. On July 19, 2016, the resident population was 21 residents with 10 males and 11 females. Prior to arrival at the facility, the auditor reviewed pertinent agency policies, procedures, and related documentation used to demonstrate compliance with JUVENILE FACILITY PREA Standards. The facility PREA Audit notice was prominently displayed throughout the facility and was posted on May 18, 2016. The pre-on-site review of documents contained in the Pre-Audit Questionnaire submitted by the facility prompted few questions. Answers to those questions were submitted to the auditor by the agency staff and any additional remaining questions were resolved prior to the on-site audit or during the on-site audit. On the afternoon of July 18, 2016 the auditor met with the detention center PREA Coordinator, the agency Assistant Director and detention Facility Administrator to discuss any remaining questions and the final audit schedule. On the morning of July-19, 2016 the auditor entered the facility for purposes of conducting an on-sight tour of the facility and to interview residents, staff members, volunteers and contractors. During the tour the auditor observed camera placements to identify potential blind spots, observed staff placement and resident supervision, observed zero tolerance posters and hotline phone numbers posted in each living unit. Also during the tour, the auditor informally interviewed staffs and residents regarding sexual safety and facility policies and procedures. The PREA Coordinator provided a list of all staff by shift and employee job categories and a list of all residents from which the auditor chose various residents and staff for interviews. The auditor interviewed ten (10) random staff, ten (10) specialized staff, the SANE/SAFE administrator at the St. Joseph Hospital and the Brazos County Sheriff's Office of Criminal Investigators. The auditor also interviewed 10 residents selected randomly. There were no residents who reported a sexual abuse, no residents who were disabled and limited English proficient, and no residents who identified as transgender, intersex, gay, lesbian or bisexual. There were no residents who had disclosed prior sexual victimization during risk screening and there were no residents placed in isolation for the purposes of separating residents who identified as transgender, intersex, gay, lesbian or bisexual.

The resident population ranged from 22 residents in July 2015 to 34 residents in June 2016. In the previous 12 months, a total of 728 residents had been admitted to the facility. The age range of resident population is 10 years to 17 years of age. No resident had requested to speak with the auditor nor had the auditor received any written correspondence from any resident or staff. In the prior 12 months, there had been zero (0) allegations of sexual abuse and there had been zero (0) allegations the facility received that a resident was abused while confined at another facility.

Following the facility tour, additional questions were answered by executive and upper-level management staff. Staff and resident interviews followed and were conducted privately in a visitation room in the detention center. There are no SANE or SAFE staff employed at the facility. Those services are available at the St. Joseph's Hospital. The auditor reviewed the Memorandum of Understanding (MOU) between the facility and St. Joseph's Hospital to provide SANE and SAFE services and the agreement between the Brazos County Juvenile Board and the Brazos Valley Sexual Abuse Resource Center to provide a 24- hour hotline for reporting sexual abuse and sexual harassment as well as counseling services for victims and victim support. The auditor spoke with the St. Joseph's Hospital and the Brazos Valley Sexual Abuse Resource Center. Both directors stated that their agencies had agreed to provide relevant services. All allegations of sexual abuse or sexual harassment are reported to the Brazos County Sheriff's Office which has agreed to conduct criminal investigations. The auditor spoke with the Brazos County Sheriff's Office representative who confirmed that criminal investigative services will be provided to the detention center as needed. The agency Executive Director and the Sheriff's Office representative stated that in the past year, no criminal investigations of allegations of sexual abuse had been conducted. Administrative investigations are conducted by multiple trained staff at the facility. The auditor also contacted the toll free hot-line (TJJD) and spoke with an operator who explained their office accepted sexual abuse allegations at any time. There was no volunteers or contractors interviewed as none were at the facility or available during the audit. During the on-site audit, the auditor also interviewed the following additional staffs: Agency Executive Director, Facility Director, PREA Compliance Coordinator, intermediate/higher-level facility staff who conduct unannounced visits to the facility during the all shifts, medical and mental health staff, human resources staff (Agency Executive Director), incident review team staff, staff members who monitor for retaliation, staff who performs screening for risk of victimization and abusiveness, incident review team staff, the staffs responsible for monitoring for retaliation, first responders, intake staff, security staff and ten (10) random correctional officers.

The Brazos County Juvenile Detention Center's mission is stated as "To provide outstanding quality in service and programming that keep the citizens of Brazos County

safe from juvenile crime, that promote victim restoration, and that encourages, assists, and enables our juveniles to consistently engage in pro-social, non-criminal behaviors. “

DESCRIPTION OF FACILITY CHARACTERISTICS:

The Brazos County Juvenile Detention Center is located in the Bryan, Texas. Bryan is a city in Brazos County, Texas, United States. As of the 2010 census, the city had a population of 76,201. It is the county seat of Brazos County and is located in the heart of the Brazos Valley (southeast Central Texas). It borders the city of College Station, which lies to its south. Together they are referred to as the Bryan–College Station metropolitan area, the sixteenth largest metropolitan area in Texas, containing around 190,000 people

R. J. Holmgreen Brazos County Juvenile Justice Center operates a pre-adjudication, secure detention center. The facility is located at the Juvenile Department's headquarters at 1904 West S.H. 21, Bryan, Texas, 77803, adjacent to the Brazos County Sheriff's Department. The detention center is a secure environment for youth charged with an offense and pending a court hearing. It is designed to provide a safe living environment and a full range of services for the juvenile to include: medical, educational, psychological and recreational services.

The facility is equipped and staffed to meet the residents' basic needs, including academic instruction, which is operated by the Bryan Independent School District.

The detention center is a co-ed facility certified by the Texas Juvenile Justice Department (TJJD) to house up to 48 youth ages 10 to 17, who have been arrested by a law enforcement agency and charged with a criminal offense, and juveniles alleged to have violated their conditions of probation and are waiting Juvenile Court processing. The average length of stay is approximately 16 days. Room occupancy includes 44 single rooms and four isolation beds available for youth requiring room confinement due to behavioral or medical concerns. The four isolation beds are used for regular occupancy as needed. The facility has 4 PODS of single occupancy housing. The PODS have the following rooms: Alpha (12), Bravo (10), Charlie (10) and Delta (12). At the time of the audit, Charlie pod was not in use due to reduced resident population.

The fundamental goal of the program is to provide a safe and secure environment for residents and staff, while the staff gathers valuable information regarding the child's family, school, social, medical, and psychological histories, to aid the Probation Services Division in the disposition of the case. In addition, the center provides rehabilitative programming designed to improve the self-esteem of residents and reduce their chance of recidivism.

It should be noted that facility staff were very familiar with the residents; knew their individual names, their background, treatment needs, characteristics and their involvement with families. Staff was observed speaking politely and in a professional manner with residents. There was many staff that had numerous years of service at the facility. Staff spoke highly of the facility managers, of other employees and the numerous programs

offered to residents. All residents stated they felt very safe at the facility and could speak with any staff about any issues/concerns.

SUMMARY OF AUDIT FINDINGS:

Number of standards exceeded: 0

Number of standards met: 40

Number of standards not met: 0

Number of standards not applicable: 1

§115.311 - Zero Tolerance of Sexual Abuse and Sexual Harassment; PREA Coordinator

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency PREA Policy 115.311 Zero Tolerance of Sexual Abuse and Sexual Harassment; PREA Coordinator identifying methods implemented to prevent, detect, and respond to sexual abuse and sexual harassment (Dated Effective 12/10/2015)

Youth Admission Pamphlet (English and Spanish) – “Youth Safety Guide for Juvenile Services”

Resident Detention Handbook (English and Spanish) “A RESIDENT’S GUIDE TO SUCCESS IN THE BRAZOS COUNTY JUVENILE DETENTION CENTER”

Agency PREA Video

Agency Organization Chart identifying PREA Coordinator

Agency PREA Policy in its entirety includes mandatory reporting, zero tolerance toward all forms of sexual abuse and sexual harassment and outlines the facility’s approach to prevention, detecting and responding to such conduct. As a point of information, the agency PREA policy is segmented into each specific PREA standard; i.e., 115.311, 115.312, 115.313, etc. The policy meets all requirements including definitions of prohibitive behaviors regarding sexual abuse/sexual harassment and appropriate sanctions. The Agency PREA policy describes strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents. Youth receive detailed information about rights and reporting during

their admission processes verbally, in writing and are presented with a PREA video emphasizing agency PREA requirements. The agency PREA Coordinator is a full-time agency employee who reports to the Agency Executive Director and the Agency Assistant Director and has direct access to all upper level administrators. The facility PREA Coordinator appeared to have sufficient time to conduct her duties.

§115.312 - Contracting with other entities for the confinement of residents

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

☐ Non-Applicable

The following information was utilized to verify compliance with this standard:

Agency policy 115.312 Contracting with other entities for the confinement of residents.

Agency contracts with service agencies requiring compliance with the Prison Rape Elimination Act of 2003 (PREA)

The facility has multiple contracts for the confinement of its residents with private agencies/entities. Copies of recently renewed contracts were reviewed. Facilities contracted for the confinement of its residents are or will as appropriate be required to adopt and comply with PREA standards and to allow for the Brazos County Juvenile Detention Center to monitor service providers for compliance with the PREA standards. Contracted agencies requiring PREA compliance are monitored at least annually and are subjected to unannounced visits.

§115.313 – Supervision and Monitoring

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency policy 115.313 Supervision and Monitoring – requiring Detention Managers, Facility Administrator or Assistant Facility Administrator to conduct unannounced rounds during their shifts, prohibiting staff from alerting other staff of unannounced rounds and annual staffing plan reviews.

Number and placement of video cameras inside and outside the facility

Agency Staffing Plan – January 2016

Facility Program Schedules

Detention Master Schedules

FY 2017 Personnel Budget Requests for additional staff to meet PREA required staffing ratios.

Interviews with random staff and random residents

The agency policy relating to staffing plan, video monitoring, unannounced rounds and staffing ratios documents PREA requirements. The tour reflected compliance with all components; however while the current staffing ratios are less than 1:8 and 1:16, agency policy dictates that those ratios will be met no later than October 1, 2017. The facility currently complies with the TJJD present staffing ratio requirements. This PREA staffing ratio is not required to be implemented until October 1, 2017. A budget request to provide additional staffing was submitted to the County Judge on May 26, 2016 to phase in the required additional staff in order to meet the October 1, 2017 deadline or sooner. The staffing plan is reviewed during management team meetings to ensure proper coverage is met. The Facility Administrator and other facility managers check the rosters of staff on-duty and on-call daily and spend time observing staff and resident programs daily. There had been no deviations from the current staffing plan.

The Agency Executive Director, the Assistant Executive Director, Quality Assurance/PREA Compliance Manager and the Facility Administrator conduct and document these rounds.

Documentation of the unannounced visits by intermediate and higher-level supervisors is documented on the "PREA Unannounced Round Form". The PREA Unannounced Round Form is submitted to the Quality Assurance staff person and other higher level agency management for review. A random review PREA Unannounced Round Form documented unannounced visits on all shifts. Interviews with staff provided additional confirmation of this practice. Agency policy requires that the staffing plan will be reviewed no less than once each year with the PREA Manager and other managers to determine the adequacy of staff assignments and monitoring systems. Interviews with the PREA Coordinator and Assistant Agency Executive Director confirmed the staffing plan will be reviewed no less than once each year. Staff is prohibited from alerting other staff of unannounced rounds and confirmed during staff interviews.

The facility tour confirmed ample resident supervision/monitoring capabilities. There were an adequate number of cameras strategically located throughout the facility inside and outside. The cameras are located in the Control Center, in good working order and had adequate video recording capabilities. The Control Center security staff monitors the cameras 24-hours per day/ 365 days a year. There were neither judicial findings of inadequacy nor findings of inadequacy from any investigation agency/oversight bodies.

§115.315 – Limits to Cross-Gender Viewing and Searches

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency policy 115.315 Limits to cross-gender viewing and searches – prohibiting cross-gender strip or pat searches, except in exigent circumstances or when performed by LVN/Physician/Physician's Assistant; allowing residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing, requiring opposite gender announcements, justification and documentation requirements for all cross-gender strip searches, cross-gender visual body cavity searches, and cross gender pat-down searches.

Agency form Cross-Gender Strip Search and/or Cavity Search

Agency training curriculum – “Guidance in Cross-Gender and Transgender Pat Searches” (PREA Resource Center training document)

Agency training acknowledgement form documenting training of detention center staff on Cross-Gender and Transgender Pat Searches

Interviews - random resident/random staff

Agency policy prohibits staff from conducting cross-gender pat-down searches except in exigent circumstances. There have been no cross-gender pat-down searches of residents by staff. While policy states that all cross-gender strip searches, cross-gender visual body cavity searches and cross-gender pat-down searches to be justified and documented, there have been no such searches conducted. All administrators and other staff interviewed stated that any cross-gender strip/body cavity searches would be performed at the St. Joseph's Hospital.

Policy requires staff to respect the privacy of residents when showering, dressing and normal bodily functions and requires staff of the opposite sex to announce their presence when entering housing units. Resident interviews confirmed that staff respects residents' privacy during dressing, showering and using the rest room facilities. Agency policy further states that physical examinations are not conducted for the sole purpose of determining resident genital status. Agency policies, training curriculum and training logs properly documented PREA standard compliance. Staff interviews further confirmed that these practices occur as required. Training had been completed for all staff.

§115.316 – Residents with Disabilities and Residents who are Limited English Proficient

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency policy 115.316 Resident with disabilities and residents who are limited English Proficient allowing disabled residents equal opportunity to participate in or benefit from all aspects to prevent, detect and respond to sexual abuse and sexual harassment

Resident Pamphlet – “End The Silence”

Training Curriculum/training logs related to disabled residents and residents with limited English proficiency

Language Line Services, Inc. Memorandum of Understanding, May 2014 amended through May 2017

Interviews - random residents/random staff

There has been no instance where the service of an interpreter was needed during the review period. Appropriate interpreter services may be provided through contract with Language Line Services, Inc. at no cost to the residents. Resident interpreters, resident readers or other types of resident assistants are not utilized at this facility except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise residents' safety, the performance of first-responder duties or the investigation of the residents' allegation(s).

§115.317 – Hiring and Promotion Decisions

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The following information was used in determining compliance with this standard:

Agency policy 115.317 Hiring and promotion decisions – prohibiting hiring or promoting of certain employees/contractors, consideration of any incidents of sexual harassment, material omissions being grounds for termination.

Interviews with Agency Executive Director, Facility Director, Human Resources staff (Agency Executive Director) and PREA Compliance Coordinator

The Brazos County Juvenile Detention Center is prohibited by agency policy from hiring or enlisting contractor services that may have contact with residents who have engaged in any of the PREA standards prohibited criteria related to sexual abuse or sexual harassment. The same criteria is applied to the hiring of any new employee and requires that prior institutional employers to be consulted. In the past 12 months, there have been 14 individuals hired who have had criminal background record checks. The agency requires that background records checks are conducted every two (2) years on all employees, promotions of employees, volunteers, interns and contractors having contact with residents. Interviews with the Human Resources staff (Agency Executive Director), PREA Compliance Coordinator and Facility Director confirmed that all elements of the standard have been met.

Agency policy states that material omissions of sexual abuse or harassment incidents or the provision of materially false information shall be grounds for termination.

§115.318 – Upgrades to Facilities and Technology

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Interviews with Agency Executive Director, Facility Administrator and agency PREA Coordinator

There have been no renovations to the facility during this review period. Through interviews it was confirmed that any additional plans for expansions or modifications will take into consideration the possible need to increase video monitoring and to further review monitoring technology.

§115.321 – Evidence Protocol and Forensic Medical Examinations

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency Policy 115.321 Evidence Protocol and forensic medical examinations - providing forensic medical examinations without financial cost to the resident

Written memorandum from Brazos County Sheriff's Office agreeing to investigate all allegations of sexual assault within the Brazos County Juvenile Detention Center and to conduct the investigations through an investigative protocol that meets the standards as

recommended in the National Protocol for Sexual Assault Medical Forensic Medical Examinations.

Written agreement with Brazos County Rape Crisis Center, Inc. for victim assistance and counseling services

Memorandum of Agreement between the St. Joseph's Hospital and the Brazos County Juvenile Services Department to provide forensic medical examinations.

Interviews with random staff, and PREA Compliance Manager

Telephone interview with Brazos County Sheriff's Office Representative

Telephone interview with Administrative Director Emergency Services, St. Joseph Hospital providing SAFE/SANE services

Telephone interview with Executive Director, Sexual Abuse Resource Center (SARC)

Review of detention staff professional counselor licenses who may assist victims if requested

There have been zero (0) allegations of sexual abuse. The Brazos County Sheriff's Office conducts sexual abuse and sexual harassment criminal investigations. All alleged incidents involving sexual abuse/assault are reported to the Sheriff's Office and are also reported other to appropriate authorities as required. The Brazos County Sheriff's Office provided a written memorandum to the facility stating that all investigations will be conducted by their office using a sexual assault investigative protocol comply with PREA investigative standards. The auditor conducted a telephone interview with the Brazos County Sheriff's Office who confirmed the agreement as well as the protocol to be utilized. The Brazos County Sheriff's Office representative stated that they had not conducted any sexual abuse investigations but would do so as required. The Brazos County Juvenile Detention Center also has 23 staff who have received specialized training in sexual abuse investigations; however agency policy provides that they will conduct sexual abuse investigations for administrative purposes only.

The written agreement completed with the St. Joseph Hospital and the Brazos County Juvenile Services Department will provide for forensic medical examinations offered to without financial cost to the residents. A telephone interview with Administrative Director Emergency Services, St. Joseph Hospital stated that the written agreement will provide forensic medical examinations. The Administrative Director explained that these services are available 24 hours per day and seven (7) days per week.

Victim advocates are available through the Brazos County SARC which provides rape crisis hotlines and counseling services for victims and victim support. There are qualified staff members at the facility who can provide crisis intervention and accompany/support the resident through the forensic medical examination processes/interviews, emotional support, crisis intervention, information and referrals, if requested by the resident. Through interviews with random staff, the PREA Coordinator, the Brazos County Sheriff's Office, the Administrative Director Emergency Services, St. Joseph Hospital and the Brazos County Executive Director, SARC confirmed that no services related to sexual abuse had occurred.

The facility PREA Coordinator stated she is required to conduct follow-ups on all investigations.

§115.322 – Policies to Ensure Referrals of Allegations for Investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency Policy 115.322 Policies to ensure referrals of allegations for investigations - providing investigations for all allegations of sexual abuse and sexual harassment.

Brazos County Juvenile Detention Center website link to agency policies governing all PREA related policies including referrals of allegations for investigations -

<http://www.brazoscountytexas.gov/index.aspx?NID=515> – agency’s website of published policy regarding sexual abuse or sexual harassment for criminal investigation.

Interviews with Assistant Chief Juvenile Probation Officer, PREA Manager, facility investigator staffs and Brazos County Sheriff’s Office Investigator

The agency has policies and procedures which require administrative or criminal investigation to be completed for all allegations of sexual abuse and sexual harassment. All allegations of sexual abuse are to be documented and referred immediately to the Brazos County Sheriff’s Office. There had been no allegations of sexual abuse or sexual harassment in the past year. The Sheriff’s Office Representative, Detention Center Facility Director, upper-level management staff and the PREA Coordinator were interviewed who confirmed that all allegations of sexual abuse or sexual harassment will be referred to the Brazos County Sheriff’s Office for investigation and that no allegations for sexual abuse and/or sexual harassment referrals had been made.

§115.331 – Employee Training

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency policy 115.331 Employee Training – identifying training of employees who may have contact with residents

NIC PREA Training Curriculum: training provided by TJJD

Statement of Fact by Agency Executive Director

Random staff interviews

The auditor reviewed agency policies which stated that all employees receive training tailored to the needs/attributes/gender of residents on each of the following topics required by this PREA standard: Zero tolerance; employee responsibilities; residents' right to be free from sexual abuse/harassment; the right of employees and residents to be free from retaliation for reporting sexual abuse/harassment; dynamics of sexual abuse/harassment in juvenile facilities; common reactions of juvenile victims of sexual abuse/harassment; how to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact/abuse between residents; how to avoid inappropriate relationships with residents; effective and professional communication with all residents; compliance with relevant laws related to mandatory reporting and applicable age of consent. The facility's training curriculum was discussed with the PREA Coordinator. Training curriculum was inclusive of each topic required. Policy and training records documented staff participation. Each staff documented that they understand the training they received. Staff also receives annual refresher training and information on current facility policies. The Agency Executive Director and upper-level management staff hold regular team meetings to communicate concerns related to PREA policies/procedures and other management issues. Refresher training is conducted regularly and through monthly and on-going refresher trainings. Additionally, the Agency Executive Director provided a Statement of Fact that 100% of detention services staff had received training as required.

§115.332– Volunteer and Contractor Training

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency policy 115.332 Volunteer and Contractor Training – training

Staff Acknowledgement Form

Volunteer and Contractors training “PREA Overview, PREA Law, How it affects Your Job & Audit Process”

In the past 12 months, 27 volunteers/interns and five (5) contractors have been trained (based on services provided) in the agency's policies and procedures regarding sexual abuse/harassment prevention, detection and response. Staff Acknowledgement Forms reviewed documented that volunteers and contractors (teachers) understand the training they received. There were no volunteers or contractors available for interview during the audit.

§115.333 – Resident Education

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency policy 115.333 – Resident Education

PREA Orientation Resident Acknowledgement Form

Youth Admission Pamphlet (English and Spanish) – “Youth Safety Guide for Juvenile Services”

Resident Detention Handbook (English and Spanish) “A RESIDENT’S GUIDE TO SUCCESS IN THE BRAZOS COUNTY JUVENILE DETENTION CENTER”

Agency PREA Video

Facility PREA posters

Random resident interviews

Intake staff interviews

Since the agency PREA policies had been effective since December 2015, 73 residents had been admitted. Residents had been given information about the zero-tolerance policy and how to report incidents/suspicious of sexual abuse/harassment orally and in writing in the youth admission pamphlet and youth handout during the intake process. Documentation of resident participation in PREA training confirmed that each resident signed a receipt for the training. The information is also provided to residents in a brochure through posters prominently placed throughout the facility. An agency PREA video is utilized to provide residents with comprehensive age-appropriate education to supplement educational information regarding residents’ rights to be free from sexual abuse and sexual harassment and retaliation for reporting such incidents. Interviews of ten (10) residents determined that they received such information and knew how to report any sexual abuse or sexual harassment incidents. These practices were additionally verified through intake staff interviews.

§115.334 – Specialized Training: Investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

☐ Non-Applicable

The following information was utilized to verify compliance with this standard:

Agency policy 115.334 - Specialized Training: Investigations

Agency Investigators List of employees and Certificates of Completion of NIC training

Brazos County Sheriff's Office list of Investigators and Certificates of Completion of training

Written memorandum from Brazos County Sheriff's Office agreeing to investigate all allegations of sexual assault within the Brazos County Juvenile Detention Center

Agency investigative staff interview

Brazos County Sheriff's Office Representative interview

The Brazos County Sheriff's Office is the outside agency responsible for criminal investigations of all sexual abuse and sexual harassment allegations. The Brazos County Sheriff's Office has written that their investigators comply with PREA investigative standards. The agency PREA Coordinator stated that the Brazos County Sheriff's Office Investigators had been trained in conducting investigations of allegations of sexual abuse in confinement settings and provided Certificates of Completion of specialized investigation trainings. An interview with the Brazos County Sheriff's Office representative stated that their investigators had received training on conducting investigations in correctional confinement settings. Twenty-three agency staff have received training entitled "PREA: Investigating Sexual Abuse in a Confinement Settings" through the National Institute of Corrections and provided pertinent training records.

§115.335 – Specialized training: Medical and mental health care

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency policy 115.335 – Specialized Training: Medical and Mental Health Care

Medical and Mental Health Care staff Certificate of Completion – PREA: Your Role Responding to Sexual abuse – National Institute of Corrections

Medical/mental health staff interviews

All medical and mental health care staff has received required trainings as documented in Certificate of Completion training records and confirmed through interviews with medical/mental health staff. Training included how to detect and assess signs of sexual abuse/harassment, preservation of physical evidence of sexual abuse, effective/professional response to victims, reporting of allegations or suspicions of sexual abuse/harassment. Medical staff at Brazos County Juvenile Detention Center does not conduct forensic examinations.

§115.341 – Screening for risk of victimization and abusiveness.

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency Policy 115.341 - Screening for risk of sexual victimization and abusiveness

Brazos County Juvenile Detention Center – Screening for Risk of Sexual Victimization and Abusiveness Form

Interviews with agency PREA Coordinator, Facility Administrator, intake staff responsible for risk screening and resident interviews

Initial screening is conducted on all residents prior to living unit/room assignments. Screenings for risk of sexual abuse victimization or sexual abusiveness toward other residents are conducted within 72 hours of admission. Interviews with staff and residents confirmed that resident screening occurs within 72 hours of admission and most of the time, this screening occurs during the first day of admission. The assessment attempts to ascertain information through conversations with the residents about prior sexual victimization and/or abusiveness, any gender nonconforming appearance or manner/identification and whether the resident may be vulnerable to sexual abuse. Information is also obtained related to current charges/offense history, age, level of emotional and cognitive development, physical size and stature, mental illness or mental disabilities, intellectual or developmental disabilities, physical disabilities, residents' perception of vulnerability and any other specific information (medical/mental health screenings, any court records and resident file documentation) that may indicate heightened supervision needs and additional safety precautions, to include separation from certain other residents. The screening instrument is used in conjunction with resident history and records from referral agencies. Information obtained through these processes are provided only to designated staff who work directly with residents to ensure sensitive information is not exploited to the residents' detriment by staff/contractors/volunteers or other residents. A review of sample intake screening forms demonstrated that residents are screened during the time of their admission. Reassessments are conducted every six (6) months and more often as indicated. All residents interviewed stated screening and/or reassessment had been conducted during their first day at the facility prior to unit/room assignment and that they felt safe at the facility.

§115.342 – Use of Screening Information

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency Policy 115.342 - Use of Screening information

Brazos County Juvenile Detention Center – Screening for Risk of Sexual Victimization and Abusiveness Form

Interviews with Assistant Agency Executive Director, Facility Director, PREA Compliance Manager, mental health staff and staff responsible for risk screening

All screening results are used to establish housing/room assignments and to increase awareness of potential safety concerns of staff who work directly with residents. The housing/room assignments are considered on an individual basis to ensure the health and safety of each resident and whether such assignment would present potential management or security problems. Screening occurs not less than two (2) times each year. Interviews with facility staff indicated that serious consideration of transgender or intersex residents own views will be made. The facility has not and does not utilize isolation of residents at risk of sexual victimization. Housing/bed/other assignments are not made solely on the basis of identification or status nor made as an indicator of likelihood of being sexually abusive.

§115.351 – Resident Reporting

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency Policy 115.351 - Resident Reporting

Agency posting of multiple internal and external reporting telephone numbers of sexual abuse or sexual harassment (English and Spanish)

Youth Admission Pamphlet (English and Spanish) – “Youth Safety Guide for Juvenile Services”

Resident Detention Handbook (English and Spanish) “A RESIDENT’S GUIDE TO SUCCESS IN THE BRAZOS COUNTY JUVENILE DETENTION CENTER”

Agency PREA Video

Postings on all living units and program areas

Staff PREA Training Curriculum

Interviews with facility PREA Compliance Manager, random staff and residents

The facility provides multiple methods and the means for residents to report allegations of sexual misconduct both internally and externally. Residents are provided with access to tools necessary to make a written report. Staff is required to report all verbal allegations immediately and document such action(s). Residents and staff may privately report allegations confidentially, through in-person reporting, e-mail communication, anonymously, and through private telephone communication with local agencies. Reports may also include staff neglect or violation of responsibilities that may have contributed to such incidents. Staff are informed and reminded of PREA reporting procedures through initial employee training and through review of policies and procedures. All residents interviewed were able to state the procedures for making allegations of sexual abuse or sexual harassment, how to report retaliation by other residents or staff for making such reports, including staff neglect or violation of responsibilities that may have contributed to such incidents. The facility does not detain residents for civil immigration purposes. There have been zero (0) allegations of sexual abuse or sexual harassment.

§115.352 – Exhaustion of Administrative Remedies

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

☐ Non-Applicable

The following information was utilized to verify compliance with this standard:

Agency Policy 115.352 - Exhaustion of administrative remedies

Interviews with random residents

The agency provides a grievance process as a formal mechanism to report sexual abuse and does not require a resident to use an informal grievance process, or otherwise to attempt to resolve the allegation with staff. The agency policy allows a resident to submit a grievance alleging sexual abuse without submitting or referring it to the staff member who is the subject of the complaint. A decision on the grievance of sexual abuse is required to be provided within 90 days of the filing of the grievance. There had been zero (0) grievances related to sexual abuse at the detention center. Should a resident file a grievance alleging sexual abuse, it would be treated as an emergency grievance, would be forwarded immediately to the PREA Compliance Coordinator who is required to provide an initial response with 48 hours of receipt of the grievance. Agency policy requires the issuance of a final agency decision of the allegation of sexual abuse within 90 days of its filing; however for emergency grievances of imminent sexual abuse, an initial response is to be provided within 48 hours and a final

agency decision within five (5) calendar days. If the grievance is determined to be potentially criminal in nature, it is immediately referred to the Brazos County Sheriff's Office for investigation. There were zero (0) grievances (including emergency grievances of imminent sexual abuse filed in the past 12 months).

No time limit is imposed on any resident for allegations of sexual abuse and does not require the use of any informal grievance process and does not attempt to resolve an alleged incident of sexual abuse with staff. There is no statute of limitation restricting the facility's ability to defend itself against a lawsuit filed by any resident. Third parties, without resident consent, may report allegations of sexual misconduct.

Resident interviews indicated that residents knew of how to report and to whom including outside third parties including parents and legal guardians.

§115.353 – Resident Access to Outside Support Services and Legal Representation

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency Policy 17.5 Reporting

Agency agreement between the Brazos County Juvenile Board and the SARC

Youth Admission Pamphlet (English and Spanish) – “Youth Safety Guide for Juvenile Services”

Resident Detention Handbook (English and Spanish) “A RESIDENT’S GUIDE TO SUCCESS IN THE BRAZOS COUNTY JUVENILE DETENTION CENTER”

Agency PREA Video

Facility PREA posters

Interviews with Facility Director, PREA Compliance Manager, random residents, and Director of the SARC.

The facility provides residents with outside victim advocates for emotional support services related to sexual abuse and has provided telephone numbers and mailing address information to all residents through resident posters, handbooks, intake orientation, and posters placed throughout the facility. Residents may call an attorney at any time and may receive telephone calls according to scheduled hours. Should parents or guardians, not be able to call according to scheduled hours, they will be accommodated by arrangements at other times. A telephone interview with the Director of the SARC confirmed the existence of the written agreement to provide 24-hour crisis hotline, medical support and counseling, as well as, education and

outreach services and victim advocates for emotional support. Residents may call the SARC at any time.

§115.354 – Third-Party Reporting

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency public website regarding Third Party Reporting made available on the agency's website. – <http://www.brazoscountytexas.gov/index.aspx?NID=515>

Agency Policy 115.354 – Third Party Reporting

Facility PREA posters with third party reporting information.

<http://www.tjjd.texas.gov/abusehotline.aspx> - TJJD Sexual Abuse Hot-line contact information

Interview with Director of SARC

The facility's policy on Prevention, Detection and Response to Sexual Abuse, Assault and Sexual Harassment describes multiple methods used to receive third-party reports of sexual abuse and sexual harassment and is posted on the agency's website to inform the public about reporting resident sexual abuse or harassment on behalf of residents. Third party reports can also be made to the SARC. A telephone interview with the Executive Director of the SARC confirmed reporting sexual abuse could be made through their agency. While there were zero (0) third party reports, third parties can also report to law enforcement, the Agency Executive Director, Brazos County Sheriff's Office or the TJJD hotline.

§115.361 – Staff and Agency Reporting Duties

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency Policy 115.361 – Staff and agency reporting duties

Interviews with Facility Director, PREA Compliance Manager, mental health staff and random staff

The facility's policy on describes requirements for all staff with cause to believe that a juvenile has been sexually harassed or sexual abused (including medical and mental health

practitioners) to immediately report any knowledge, suspicion or information received related to sexual abuse/harassment incidents, retaliation and staff negligence that may have contributed to such incidents. Staff is required to make such reports to the facility administration. Random staff interviews confirmed their responsibility to comply with facility policies and mandatory child abuse reporting laws and to maintain that information in confidence except as necessary to make treatment/investigation and other security/management decisions. Staffs stated they are required to report all allegations promptly. There were zero (0) number of allegations of sexual abuse the facility received from other facilities.

§115.362 – Agency Protection Duties

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency Policy 115.362 – Agency protection duties

Interviews with the Facility Director and random staff

The facility requires all staff to take immediate action to protect the resident from imminent sexual abuse. There have been zero (0) instances that the facility determined that a resident was subject to risk of imminent sexual abuse. Interviews confirmed compliance with expected practices.

§115.363 – Reporting to Other Confinement Facilities

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency Policy 115.363 – Reporting to other confinement facilities

Interview with the Facility Director

Policies and procedures specify reporting and investigative actions to be taken upon receiving an allegation of sexual abuse of a resident while at another facility. Such action(s) are to be initiated as soon as possible, but no later than 72 hours and actions documented. There have been no instances in the last twelve months of allegations by any resident who had reported abuse while confined at another facility or allegations from any other facility.

§115.364 – Staff First Responder Duties

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency Policy 115.364 – Staff first responder duties

Staff training documents – training on first responder duties and responsibilities

Interviews with the random staff/first responders

Facility policies comply with all elements of this standard (separate alleged victim/abuser, preservation and protection of crime scene, to include collection of physical evidence as possible, including the request of the victim not to take any actions which could destroy any physical evidence) and all staff has been trained accordingly. Interviews with random staff/first responders confirmed knowledge of policy requirements and staff expectations. In the past 12 months, there have been no allegations that a resident was sexually abused.

§115.365 – Coordinated Response

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency Policy 115.365 – Coordinated response

Brazos County PREA First Responders Checklist and Coordinated Response poster.

Interview with Facility Director

The facility has a written policy which coordinates actions to be taken should a sexual abuse incident occur. This plan coordinates actions among staff first responders, medical/mental health staff, investigators and facility leadership. The interview with the Facility Director indicated that staff is aware of their responsibilities to coordinate responses within the facility.

§115.366 – Preservation of Ability to Protect Residents from Contact with abusers

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

XX Non-Applicable

The following information was utilized to verify compliance with this standard:

An interview with the Agency Executive Director confirmed that the agency does not utilize collective bargaining agreements.

The detention center does not utilize collective bargaining. This standard does not apply to the detention center.

§115.367 – Agency Protection Against Retaliation

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- XX** Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency Policy 115.367 – Agency protection against retaliation

Agency Form 115.367 Sexual Abuse Retaliation Monitoring – to be used in instances of retaliation for reporting sexual abuse incidents

Interviews with Assistant Agency Executive Director, PREA Compliance Manager and Facility Administrator who is charged with monitoring for retaliation

The facility has a written policy related to protection against retaliation. The PREA Compliance Manager and Facility Director are charged with monitoring for retaliation for at least 90 days at a minimum. Agency policy requires that should any resident or staff who report sexual abuse or sexual harassment or staff who cooperates with a sexual misconduct investigation express fear of retaliation, appropriate protective measures will be taken. Retaliation monitoring will be discontinued should the allegation be unfounded. Measures include housing changes, removing contact of alleged staff/resident abusers and the provision of emotional support services for those who fear retaliation. An interview with PREA Compliance Manager and the Facility Administrator both confirmed their duties and responsibilities. There have been zero instances of alleged retaliations in the past 12 months.

§115.368 – Post-Allegation Protective Custody

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

☐ Not Applicable

The following information was utilized to verify compliance with this standard:

Agency Policy 115.368 – Post-allegation protective custody

Interviews with PREA Compliance Manager, medical and mental health staff

Segregated housing of residents as a means to keep them safe from sexual misconduct has not been utilized. The agency policy requires that a resident who has alleged to have suffered sexual abuse will only be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged. During any period of isolation, residents shall not be denied daily large-muscle exercise and any legally required educational programming or special education services. Residents placed in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible.

Interviews confirmed that should of segregated housing be used, the conditions for segregation require that all PREA standard elements would be followed. The facility does not use isolation.

§115.371 – Criminal and Administrative Agency Investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency policy 115.371 – Criminal and administrative investigations – does not terminate in investigation solely due to the source of the allegation recant and that all substantiated allegations are to be referred to the Brazos County Sheriff's Office.

MOU with the Brazos County Juvenile Services Department and the Brazos County Sheriff's Department

Interviews with Director of Detention, PREA Compliance Manager, Brazos County Sheriff's Office Representative

Criminal and Administrative investigations are to use any available evidence, including witness interviews and suspected sexual abuse perpetrator reports. Investigations are not terminated should the source of the allegation recant the allegation. Should criminal prosecution be considered interviews of alleged victims/suspected abusers and witnesses will be conducted by the Brazos County Sheriff's Office investigators who will also gather physical and DNA evidence, and any electronic data; along with prior complaints and reports. No truth-telling device is used as a condition for continuing the investigation.

Administrative investigations will include efforts to determine whether staff actions/failures contributed to the abuse documented through written reports which will include physical/testimonial evidence, credibility reasoning assessments and investigative facts and findings. All written reports will be retained as long as the alleged abuser is incarcerated or employed by the agency, plus five years, unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention. Investigations will not be terminated due to the departure of an alleged abuser or victim. The facility will cooperate with outside investigators and will remain informed of the investigation progress.

There have been zero (0) investigations of sexual abuse or sexual harassment at this facility.

§115.372 – Evidentiary Standard for Administrative Investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency Policy 115.372 – Evidentiary standard for administrative investigations

Interviews with Director of Detention, PREA Compliance Manager and Brazos County Sheriff's Office Investigator

Facility policy stipulates no standard higher than a preponderance of evidence will be used in making a determination of alleged sexual abuse/harassment. The Brazos County Sheriff's Office has stated they use this standard for investigations at the facility. Through an interview with the agency PREA Coordinator, it was stated that the Brazos County Sheriff's Office uses no standard higher than the preponderance of evidence in making final determinations of sexual abuse/harassment.

§115.373 – Reporting to Residents

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency Policy 115.373 – Reporting to residents

Resident Allegation Notification Form

Interviews with Facility Director and PREA Compliance Manager

Facility policy requires residents to be informed as to whether the allegation was substantiated, unsubstantiated or unfounded; whether the allegation involved staff, contractors, volunteers or another resident. Unless the allegation is determined to be unfounded, the resident will be informed whenever the staff member is no longer posted in the unit, no longer employed at the facility, has been indicted on a charge related to sexual abuse within the facility or has been convicted of such a charge. There have been zero (0) residents who had alleged sexual. Interviews with the Facility Director and PREA Coordinator confirmed practices involving all standard components are in place. Information regarding the status of all administrative or criminal investigations is readily available at the facility (either through personal contacts, telephone or e-mail communication) and through the Brazos County Sheriff's Office.

§115.376 – Disciplinary Sanctions for Staff

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency Policy 115.376 – Disciplinary sanctions for staff.

Interviews with Facility Administrator and PREA Compliance Manager

Any employee found to have committed sexual abuse or sexual harassment shall be subject to termination and possible criminal prosecution. No staff has violated agency sexual abuse or harassment policies. Staff terminated under criminal circumstance will be reported to the Brazos County Sheriff's Office and to relevant licensing bodies. Interviews conducted with the Facility Administrator and PREA Compliance Manager verified that there had been no substantiated allegations of sexual abuse or sexual harassment at the facility during this audit period review. Interviews also confirmed that agency policies would be followed should

disciplinary measures be required including a report to law enforcement and relevant licensing authorities should termination and/or resignation of staff occur.

§115.377 – Corrective Action for Contractors and Volunteers

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency Policy 115.377 - Corrective action for contractors and volunteers

Interviews with Facility Administrator and PREA Compliance Manager

Contractors and volunteers are subject to disciplinary actions including termination for violation of agency sexual abuse/harassment policies. There have been zero (0) contractors or volunteers accused of sexual misconduct in the audit review period. According to the Facility Administrator and PREA Compliance Coordinator, should any violation of this type be substantiated, the facility has complete agency policies related to administering remedial measures including prohibiting further contact with residents, .

§115.378 – Disciplinary Sanctions for Residents

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency Policy 115.378 – Disciplinary sanctions for residents

Interviews with Facility Administrator, PREA Compliance Manager and medical/mental health staffs

Sexual activity between residents is prohibited. Should an investigation for resident on resident findings of sexual abuse, administrative sanctions will be administered following the formal disciplinary processes applied commensurate with the level of infractions. A resident may be disciplined for sexual contact with staff only upon a finding the staff did not consent to such contact. Interviews revealed that a therapeutic approach would be used when administering sanctions, sanctions would be commensurate with the nature and circumstances of the abuse committed. The facility does not use isolation as a sanction. Residents' access to general programming or education is not conditional on receiving interventions designed to address/correct underlying reasons or motivations for abuse.

§115.381 – Medical and Mental Health Screenings; History of Sexual Abuse

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency policy 115.381 – Medical and mental health screenings; history of sexual abuse

Brazos County Juvenile Detention Center – Screening for Risk of Sexual Victimization and Abusiveness Form

Interviews medical/mental health staff and Risk Screening (Intake) Staff

Facility policies are complete on all standard elements. There were zero (0) residents who disclosed a prior sexual victimization during the resident screening processes. There have been zero (0) instances of resident reports of sexual abuse. Interviews confirmed agency policy expectations and medical/mental health staff interviewed were aware of their responsibilities including limiting information strictly to medical/mental health and other staff, as necessary. Medical and mental health staff was also aware of mandatory reporting laws.

§115.382 – Access to Emergency Medical and Mental Health Services

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency policy 115.382 – Access to emergency medical and mental health services

Interviews with Facility Director, PREA Compliance Manager and medical/mental health staffs, Risk Screening (Intake) Staff, first responders and residents and with Administrative Director Emergency Services, St. Joseph Hospital providing SAFE/SANE services

There had been zero (0) resident victims of sexual abuse in the past 12 months. A review of facility policy documented PREA requirements for access to emergency medical and mental health services. The nature and scope of such services are determined by medical and mental health practitioners, who will maintain secondary materials of such service provision. Agency policy provides that residents will be offered timely information about access to emergency contraception and sexually transmitted infections prophylaxis and that treatment services shall

be provided to the victim without financial cost regardless if the victim names the abuser or cooperates with the investigation arising from the incident. A written agreement St. Joseph Hospital providing SAFE/SANE services was reviewed and states that such medical/mental health treatment services will be provided at no cost to the victim. An interview with the Administrative Director Emergency Services stated that such services would be provided to residents.

§115.383 – Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency policy 115.383 On-going medical and mental health care for sexual abuse victims and abusers

Medical/mental health staff interviews

The facility agency policy provides for the medical/mental health evaluations and treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup or juvenile facility. Medical/mental health staff verified this as a necessary practice and residents are to be seen within a week after being notified; however mental health staff stated that as soon as an incident was reported, a counseling session would be scheduled. When residents are transferred or discharged, a continuing care plan would be developed for follow-up services consistent with those services provided in the community. Tests for sexually transmitted infections will be offered to resident victims of sexual abuse. Pregnancy tests shall be offered to resident victims of sexually abusive vaginal penetration. There had been zero (0) resident victims.

§115.386 – Sexual Abuse Incident Reviews

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency Policy 115.386 - Sexual Abuse Incident Reviews

Sexual Abuse

Interviews with Agency Executive Director, Facility Administrator, PREA Compliance Manager, Incident Review Team member

The sexual abuse incident review team has not had to conduct a sexual abuse incident review because there had been zero (0) allegations/incidents of sexual abuse. The incident review team includes the Chief Probation Officer, Administrative Designee, PREA Coordinator, Facility Administrator, Assistant Facility Administrator, with input from line supervisors, investigators and medical/mental health practitioners. As outlined in agency policies, should a sexual abuse allegation be made, an incident review will be conducted ordinarily within 30 days of the investigation, following a final determination of findings, unless unfounded. The facility agency policy requires that the facility will implement the recommendation(s) of this team or will document its reasons for not implementing the recommendation(s).

§115.387 – Data Collection

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency Policy 115.387 Data Collection

PREA Data Collection form

The facility information system allows for the collection uniform data for all allegations of sexual abuse based on incident reports, reports, investigation files and incident reviews. This information is presented using the annual PREA Report form (PREA Data Collection). The facility has had zero (0) incidents of sexual abuse during the past year.

§115.388 – Data Review for Corrective Action

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency Policy 115.388 - Data review for corrective action.

Interview with PREA Compliance Coordinator

The agency PREA Compliance Coordinator and Incident Review Team review all incidents for corrective action measures. The annual report provides data collected for 2014 and 2015 which documents zero (0) incidents of sexual abuse or sexual harassment and will compare that data to 2016 data upon collection and will track progress on all recommended corrective

actions. The annual report for 2014 submitted in 2015 can be located at <http://www.brazoscountytexas.gov/DocumentCenter/View/2014>.

The report is approved by the Chief Juvenile Probation Officer.

§§115.389 – Data Storage, Publication, and Destruction

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency Policy 115.389 - Data storage, publication and destruction

Agency's website posting of 2014/2015 PREA data collected
<http://www.brazoscountytexas.gov/DocumentCenter/View/2014>

Interview with agency PREA Coordinator

Data collected is retained via limited access and through a secure server for at least ten (10) years. The information contains data from the detention center and private facilities with which it contrast. The data is made available on the agency's website. No personally identifiable information is included in the report.

AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his/her ability to conduct an audit of the agency under review.

Glen E. McKenzie, Jr

Auditor Signature

August 11, 2016

Date